

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

09/000-743

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY TYPE | | OR | OR SMALL ENTITY | |
|--|---|--|---------------------------------|---|------------------|---------------------|------------------------|------|-------------------------|------------------------|
| FOR | FOR | | NUMBER FILED | | NUMBER EXTRA | | FEE | | RATE | FEE ' |
| BASIC FEE | | | | | | | 395.00 | OR | | 790.00 |
| TOTAL CLAIMS 34 min | | | minus | 20 = * | 14 | x\$11= | 154.00 | OR | x\$22= | |
| INDEPENDENT CLAIMS / minus | | | ıs 3 = * | / | x41= | 4/0 | OR | x82= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | +135= | ι,. | | +270= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | 590 | OR | | |
| · | | | | | | | | OR | TOTAL | <u> </u> |
| CLAIMS AS (Column 1) | | | AMENDED - PART II (Column 2) | | (Column 3) | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| ENT A | * * | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON | Total | * | Minus | ** | = | x\$11= | | OR | x\$22= | |
| AMENDMENT | Independent | * | Minus | *** | = | x41= | | OR | x82= | |
| / | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +135= | | OR | +270= | |
| | (Column 4) (Octor Octor | | | | | | | OR | TOTAL ADDIT. FEE | |
| ENT B | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | = | x\$11= | | OR | x\$22= | |
| | Independent | * | Minus | *** | = | x41= | | OR | x82= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +135= | | OR | +270= | |
| (Column 1) (Column 2) (Column 3) | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| MO | Total | * | Minus | ** | = | x\$11= | | OR | x\$22= | |
| ME | Independent | * | Minus | *** | = | x41= | | OR | x82= | |
| ⋖ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= | | | | | | | 1 🖺 | 070 | |
| | FIRST PRE | SENTATION OF | MULTIPLE | DEPENDENT CL | AIM | +135= | | OR | +270= | |